

## Overview

### Council for Union County Families Mission Statement:

*The Council for Union County Families is dedicated to collaborative problem solving in order to assure that the local social services for families are planned, developed, and delivered based on a cooperative, coordinated, family centered, culturally sensitive and a community-based approach.*

The Council is dedicated to the active participation of families in the planning and development of services on an individual and intersystem basis. Council for Union County Families endorses a service coordination process that supports Ohio's Commitments to Child Well-Being through:

- nurturing, protecting, and supporting the healthy development of the child at all stages of the continuum (birth through adulthood);
- prioritizing efforts to help the child be successful in school and in life beyond school.
- strengthening a family's coping mechanisms; and
- striving to move the family as a whole to a higher level of functioning

The following service coordination plan ensures that:

- Services are delivered using a family-centered approach
- Services are responsive to the cultural, racial and ethnic differences of the population being served.
- Service outcomes are evaluated.
- Available funding resources are fully utilized or integrated.
- Formal and informal community supports are utilized.
- Specialized treatment for difficult-to-serve populations and evidence-based treatment services are encouraged.
- Duplicative efforts among agencies are reduced or eliminated.
- Most importantly, families are fully involved in decision-making for their children and are provided with family advocacy options.

## Union County Service Coordination Mechanism

Council for Union County Families (CUCF) recognizes that various, effective types of service coordination currently exist among the county's social service agencies. It is not the desire of CUCF to duplicate already existing, effective planning systems but to enhance and support these current efforts. Council for Union County Families promotes the Wraparound approach to Service Coordination for families with multi-systemic needs. The majority of families are able to have their needs met through the joint efforts of the agencies or entities for whom they are involved. Union

County Children Services has a written protocol for family team meetings before a child is placed in residential care and with families involved with Children Services on an ongoing basis.

On occasion, an agency identifies unmet needs for a Union County family and those needs are not able to be met through referral or other types of formal or informal systems coordination. Council for Union County Families will assist with service coordination upon identification of a multi-systemic family who has unmet needs.

The Council promotes the involvement of families in all aspects of the planning and development of services. When families are receiving services, or are in need of services from more than one agency or organization, efficient, effective communication about what each individual agency is or has been doing is critical. CUCF is a resource for families to assure that communication occurs between agencies and that those services are provided in an efficient, family-centered way.

The following steps will be taken when a family is referred to Council for Union County Families for Service Coordination:

**Step # 1) Referral**

Referral for service coordination will be accepted from any Union County family serving agency, school district for families with a child or children involved in, or needing services from multiple (two or more) agencies and/or a family. The referring agency should approach the parent or guardian with their intent to make a referral to Council for Union County Families. If the parent is willing to meet with the Council Coordinator to discuss their family situation, including their family strengths and needs, the referring agency is responsible for completing the Service Coordination Referral Form (see Addendum A) and submitting the form to the Council Coordinator. All referrals will be responded to within 10 days of receiving the application.

**Step #2) Determination of the level of Intervention Needed**

When appropriate, families will receive the Wraparound approach to service coordination, however not all families who are referred to service coordination will be appropriate for Wraparound. Upon initial assessment and interview with the family, the level of intervention is determined. If the family's need can be met by referral to a single agency or other community resource, the Council Coordinator will make the referral. Follow up with the family will occur within one week of making a referral.

If the family has multiple unmet service needs, recognizes and wants to improve their level of family functioning and willingly chooses to participate in Wraparound, the Council Coordinator will identify and contact a Wraparound facilitator to arrange a meeting between the family and the facilitator. The Wraparound facilitator will then have the family sign a release of information. This release allows the facilitator to contact those agencies and people that the family chooses to participate in the Wraparound process and to share information for the purpose of plan development, collaboration and plan follow through.

In instances when a child is being considered for an out-of-home placement, Children Services or Juvenile Court will call a team meeting for all involved with the case. When appropriate, the Council coordinator will attend the meeting. Council services may be provided to the family in the form of service coordination and/or funding for services to keep the youth in the home.

**Step #3) Strengths, Needs and Culture Discovery**

In order to acknowledge the strengths of the family and to develop a understanding of their unique circumstances; a Strengths, Needs and Culture Discovery document is created. For this document, all family and household members are interviewed to determine the strengths and needs of the family, as well as to understand customs, traditions, and history. Input from those formal and informal supports of the family is also woven into the strengths, needs and culture discovery document, provided appropriate releases of information have been signed. Specific questions that are asked of family members, for the purposes of collecting information regarding the family culture are included in Addendum D.

**Step #4) Schedule the First Wraparound Meeting**

Upon setting a potential date with the family for the first team meeting, the Wraparound facilitator will contact the formal and informal support systems that the family has identified as potential team members to invite them to the first Wraparound meeting. Invitations will be sent out at least one week prior to the meeting via email if email addresses have been provided. For families without email, a phone call or letter will be sent. The Wraparound facilitator will schedule the meeting at a time/location that is convenient to the family. The parents will be encouraged to bring a mentor, advocate or support person with them to the meeting. Parents who would like a parent advocate may be provided one through the Parent Advocacy Connection. The Wraparound facilitator will provide this information to all families involved in the Wraparound process. In addition, the child or children will be invited to attend, if appropriate for his/her age and functioning level.

**Step #4) First Wraparound Team Meeting**

The first team meeting will begin with all participating members signing in on the Wraparound sign-in form (See Addendum C). This form includes the following statement at the top, “ I agree that by initialing this roster it is my responsibility to this family to maintain confidentiality in all of our meetings, except in the case of mandated reporting.”

After introductions, the team will discuss the strengths of the family. Team members will be invited to share their ideas and this will be an open discussion. Next, the team will identify family needs and write them down. The family needs will be written in terms of actions, not programs and will be prioritized so that the team can work on the most important need first.

- Service Planning for Comprehensive Family Service Coordination

Upon reviewing the family's strengths and needs, the facilitator will get consensus from all participating members at the Team meeting on action steps, including services to be provided. The facilitator will be responsible for documenting on the Wraparound Plan (Addendum E) :

- a) Child/Family Needs & Strengths
- b) Evidence that services are provided in the least restrictive environment and are responsive to the strengths, needs, family culture, race and ethnic group.
- c) Designated service responsibilities and timelines for goal completion.
- d) Measurable outcomes.
- e) Evidence that the family participated in the development of the plan.
- f) If applicable, methods to divert unruly youth from the Juvenile Court System, including coordinating with the Juvenile Court's diversion coordinator.
- g) A plan for short-term crisis and safety. (Addendum F)

The Wraparound facilitator will provide all participating members, including the family with a copy of the Service Coordination Plan. In addition, the family and all team members will receive a copy of the dispute resolution process.

#### **Step #7) Team Follow-Up Tracking**

The team will continue to meet as long as necessary to monitor and revise the coordination plan. If necessary, additional providers may need to be invited to the team meeting to explore funding issues or to fill service gaps. In the event that services identified and appropriate to the resolution of the family's needs do not currently exist in Union County, the Team may choose to identify where such a service might be located out of Union County and refer the family to that agency, service or system.

Team meeting minutes will be provided to all participating members, including the family. The Wraparound facilitator will compile data on service gaps, barriers to service delivery, and shared funding strategies to report to Council quarterly. Service Coordination data will be submitted to the state, upon request.

- Fiscal strategies to support FCFC service coordination

Union County does not currently have any pooled funds to support families who are involved in multiple systems and who have multiple needs. In fact, resources are so minimal that agencies must be diligent in maximizing the use of resources. Union County Children Services have reduced their out-of-home placement costs by using more kinship care. The Children's Community Behavioral Health Fund provides specific services through the Mental Health and Recovery Board that have received significant reductions in funding.

In the event that services identified and appropriate to the resolution of the family's needs cannot be funded by any participating entity or through any other identified source, the team may request Council Family Centered Service and Support funds to assist the family and to improve family functioning. Examples of activities this funding could provide include respite, assistance with

transportation, and YMCA passes. Emphasis is on non-clinical activities that will lessen the stresses of the family.

**Step #8) Possible outcomes**

The team will continue to meet on a regular basis, as decided by the team and family, until positive outcomes are achieved, sustained and acknowledged by the family and team.

At times, the team may meet regularly and not yield a successful outcome. The recommended course of action is for the team to re-convene and identify the barriers to success. The team may identify that additional providers need to be involved. Upon reviewing and updating the service coordination plan, the team will recycle through the steps until a successful outcome is reached.

Finally, even though all parties come to the table with the best of intentions, it is not always the case that everyone is happy with the plan that has been developed. Recognizing these realities, Council has a dispute resolutions process which addresses the steps a family or an agency can take in the event of unresolved dispute (see Addendum G).

**Plan Monitoring**

This service coordination plan will be reviewed and monitored annually by representative parties from the Union County Juvenile Court, Children Services, the Marysville School System, Union County Board of Developmental Disabilities, Mental Health and Recovery Board, Union County Health Department/Help Me Grow, and a parent representative of Council.

Referral receipt date: \_\_\_\_\_  
Initial contact made: \_\_\_\_\_

**Council for Union County Families  
Request for Service Coordination/Wraparound**

**Child/Family Info**

1) Name of Youth/Family \_\_\_\_\_ Date of Referral \_\_\_\_\_

2) Current Address \_\_\_\_\_

3) Phone \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

4) Please list all members of household and relationship to youth:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

**Parents/ Guardian**

5. Mother's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Currently residing in the home yes no

Employer \_\_\_\_\_

Father's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Currently residing in the home yes no

Employer \_\_\_\_\_

Other \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone: \_\_\_\_\_

**Referring Agency**

6. Person filling out form \_\_\_\_\_ Relationship to Youth \_\_\_\_\_

Referring agency \_\_\_\_\_ or parent \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

**School Information**

7) School youth is attending \_\_\_\_\_

School placement ED MD CD SLD Reg Cross Categorical Other \_\_\_\_\_

**History of Interventions:**

8) What are the strengths of this family?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9) Briefly list the interventions that have been used to support/ strengthen the family:

\_\_\_\_\_  
\_\_\_\_\_

Please check all of the current presenting problems

Delinquent/unruly behavior     Drug/Alcohol Abuse     Mental Health     Physical health  
 School truancy     failing grades     Developmental Disabilities

Family history of domestic abuse/specify

\_\_\_\_\_

History of child abuse or neglect/specify

\_\_\_\_\_

Other/specify

\_\_\_\_\_

9) Please check all of the agencies from which this child/family is currently receiving services:

- DJFS \_\_\_\_\_ Income maintenance/Healthy Start \_\_\_\_\_ Child Support \_\_\_\_\_ Children Services  
 Union Co. Juvenile Court  
 Consolidated Care, Inc. \_\_\_\_\_ Home-based Services  
 Marysville School District     Fairbanks School District     North Union School District  
 Union Co. Bd. of DD     Victims of Crime Assistance  
 Ohio Department of Youth Services  
 Union Co. Health Dept.     Help Me Grow  
 Big Brothers/Big Sisters  
 Delinquent behavior \_\_\_\_\_  
 Other \_\_\_\_\_

11) Please list any other persons/groups that play a significant role/support for this family/child:

\_\_\_\_\_

12) Please list any other agencies/organizations that are not currently working with this family/child that you feel should be included on to the Wraparound Team:

\_\_\_\_\_

13) Is the youth involved with the Juvenile Court System?

yes/currently     yes/in past five years     no     unsure     Court in another county

Best day/time to reach the parent/caregiver: \_\_\_\_\_

Response/Outcome of Referral:

Level 1: Referral to Agency/Organization  
Notes:

Level 2: Wraparound initiated date: \_\_\_\_\_  
Notes:

Other Action (i.e. parent refused services):

**Council for Union County Families  
 Union County Service Coordination Plan  
 Release of Confidential Information Form**

**EXHIBIT B**

Person referred: \_\_\_\_\_ Date: \_\_\_\_\_

Note: As a parent or legal guardian of the above named youth, I hereby authorize the following agencies (with a ✓) through their designated representatives to exchange confidential information regarding this youth. I understand that the information will only be utilized by the Intersystem Team for statistical case tracking, case monitoring, assessment of services provided, identification of additional services, and/or development of a comprehensive plan.

- |   |  |
|---|--|
| <input type="checkbox"/> DJFS                                     | <input type="checkbox"/> Fairbanks Local School District   |
| <input type="checkbox"/> Union Co. Juvenile Court                 | <input type="checkbox"/> Marysville Exempt Schools         |
| <input type="checkbox"/> Consolidated Care, Inc.                  | <input type="checkbox"/> North Union Local School District |
| <input type="checkbox"/> Victims of Crime Assistance              | <input type="checkbox"/> Union Co. MR/DD                   |
| <input type="checkbox"/> Ohio Department of Youth Services        | <input type="checkbox"/> Union Co. Health Dept.            |
| <input type="checkbox"/> Union Co. Mental Health & Recovery Board |  |
| <input type="checkbox"/> Medical Case Provider/Specify _____      |  |
| <input type="checkbox"/> Other/Specify _____                      |  |

Agencies ✓ above, may exchange the following information with one another and the Intersystem Team:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Social Hx                   | <input type="checkbox"/> Immunization Records    | <input type="checkbox"/> School Records      |
| <input type="checkbox"/> Psychological Test Reports  | <input type="checkbox"/> Psychiatric Assessments | <input type="checkbox"/> Court Records       |
| <input type="checkbox"/> Psychotherapy Reports       | <input type="checkbox"/> Intake Assessments      | <input type="checkbox"/> Discharge Summaries |
| <input type="checkbox"/> Progress/Attendance Reports | <input type="checkbox"/> Treatment Plans         |  |
| <input type="checkbox"/> Other _____                 |  |  |

For individuals with drug or alcohol abuse problems, even if those problems are not the primary problem under treatment, all federal regulations regarding release of information in such cases must be followed. (Federal regulations 42 CFR—part 2) I understand that if there is information regarding treatment for alcohol/drug abuse, this information will be released, unless I indicate otherwise.

I further understand that I may revoke this consent in writing at any time, unless so revoked, this automatically will expire ninety (90) days from the date of my signature.

A copy of my signature shall be functional of the original.

Signature \_\_\_\_\_  Person Referred     Parent     Guardian    Date \_\_\_\_\_

Expiration date of release \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_



Addendum D

SNCD Questions

Family Name \_\_\_\_\_

Date \_\_\_\_\_

For adult caregivers/parents:

1. What is your best quality as a parent? What do you like most about your son/daughter?

2. Does your family belong to any part of the faith community? What do you enjoy about your faith?

3. Is your family in the same faith?

4. Tell me about how you were raised. Can you give me an example of something you learned from your parents? Are you similar or different as a parent than your parents? In what ways?

5. Does your family celebrate holidays? Which ones? In what way?

6. Do you have people over to your home frequently? Who were the last three visitors to your home?

7. Describe for me the pace of how your family operates? Very fast slower than most? Do you like it that way? Is this similar to how you were raised?

8. How do you relax?

9. Tell me a little about your neighborhood. Does everybody know everybody else's business or are people very private?

10. I find that most parents have dreams about their youth. What would you like their lives to be like at 21 years old? 40? Do you have a long range vision for your family?

Addendum D

11. What is your favorite time of the day? Year? Why?

12. Who do you call when times are tough?

13. When have you had the most enjoyable times with your family?

14. What do you enjoy doing the most with your family?

15. If you could do anything different with your life, what would it be?

Youth specific

16. What are your favorite things to do? Why do you like them?

17. What do you enjoy most about school? Who was your best teacher ever? Why?

18. Who do you sit with during lunch hour at school?

**WRAP AROUND PLAN**  
*Council for Union County Families*

**Family Name:**

**Meeting Date:**

**Facilitator:**

**Date of Next Meeting:**

<b>Team Members Present:</b>	
<b>Review of Strengths:</b>	
<b>Areas of Need:</b>	
<b>Long Range Vision:</b>	
<b>Short Terms Goals:</b>	<b>Specify Who and When:</b>
<b>Other Comments/Notes:</b>	

**Safety Plan Document**

Family Name:	Date of Plan:
Team members in attendance	Team members absent
1) Clearly Describe the behavior risk requiring a safety plan response:	
2) Clarify the goals	
3a) Define appropriate behaviors	3b) Define inappropriate behaviors
4) Sensible family and community agreements and rules related to the safety risk	

ADDENDUM F

5) Plan for educating siblings, family, and others in the community

6) Plan for community safety

7) Plan for the full 24 hour day

8) Back up plan if behavior occurs

9) Plan for managing negative community reaction

Union County Service Coordination  
Dispute Resolution Protocol

The Dispute Resolution Protocol for the Union County Service Coordination Team allows for an opportunity for all parties; the family, the service providers and/or team members to meet in a neutral and impartial setting for purposes of problem solving and satisfactory resolution of the issue. Issues involving disputes with a particular agency that is not related to service coordination must be addressed the local agency grievance procedures. Families involved in Help Me Grow shall use the Help Me Grow dispute resolution policy, which allows the families to file a grievance with the Council for Union County Families. The following steps will be followed when a grievance about Help Me Grow and/or Wraparound facilitation is received by the Council.

Council for Union County Families supports timely resolution and will work through the following steps in the quickest way possible, not to exceed a period of two weeks. At no time will services to the family be disrupted.

The following steps will be taken to resolve disputes between the family/child and the service provider(s) or the service plan:

1. The family files a request for grievance assistance with the Council for Union County Families by providing:
  - a) a statement of the action being grieved including facts, arguments and the family wishes for actions to be considered, and
  - b) copies of all relevant documentation
2. The Council for Union County Families will convene a Team Meeting to include both :
  - a) the family/child and agency representatives who have provided service for the family/child, and
  - b) additional providers at the wishes of the family/child.
3. Upon facilitation of the Team meeting, if the parent/guardian is still not satisfied with the outcome/decision, a formal meeting may be requested by the parent/guardian.
4. When warranted, the Council for Union County Families Chair, may appoint an Ad Hoc Dispute Resolution Committee of mandated members, comprised of no fewer than three (3) and no more than (5) members, including at least one Council Parent Representative. The role of the Ad Hoc Dispute Resolution Committee includes:
  - a) review of the grievance process to date
  - b) suggesting problem solving strategies
  - c) tracking progress toward resolution

## ADDENDUM G

5. If the parent/guardian is still not satisfied, they have seven days to appeal to the Union County Juvenile Court for final resolution. This step is initiated by a formal written request from the parent/guardian to the Council for Union County Families, who secures action from the court. Interagency assessment or treatment information shall be submitted to the court. The agency/agencies cited in the formal appeal will be notified of the appeal process.

On the occasion when one agency is in disagreement with another agency or the service plan, the disputing agency shall write up their grievance and submit to the Council. The Council will convene an ad hoc committee and follow the remaining protocol as described above, beginning with step 4.